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COMMUNITY HEALTH SERVICES IN RURAL AREAS*

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Not so many years ago a person had no difficulty in deciding if he lived in an urban or rural area. Today with the spectacular changes in our manner of living brought about by new inventions, greatly improved transportation and communication facilities, rural electrification and many other factors, the line of demarcation between rural and urban living conditions has become more and more blurred.

In many instances it is difficult to know just where to draw the line between urban, suburban and strictly rural areas. Even density of population, although it is still an important factor in rural public health problems, is not always a good yardstick in measuring these problems. A person may live a mile from his nearest neighbors and still be only a few minutes away by automobile over paved highways from a supermarket, a modern hospital, modern stores, and movies. Is he any more rural than the citizen of metropolitan Los Angeles who is frequently as far away, both in time and distance, from the same facilities? It is true that in California there are still many areas of the State which are still remote from such facilities, sparsely populated and essentially rural. These areas do present some rather special problems in the provision of community health services.

* Presented at the California Conference on Rural Health, Fresno, California, February 12, 1955.

HEALTH CONDITIONS IN RURAL AREAS

In terms of precise, documented information and statistics, unfortunately we know much less than we should in order to approach intelligently the public health problems of the strictly rural area to arrive at practical solutions to them. On a nation-wide basis, certain generalizations can be made. How closely they apply to any given rural area is hard to say. We know that Selective Service statistics from World War II show that more young men and women from rural areas were rejected by the armed services because of poor health than were rejected from urban areas. The rejection rate for rural areas was 53 percent as compared with an overall rate for the Nation of 43 percent, and the rejection rate for farm youths was 40 percent higher than for all other groups.

From statistics for the Nation as a whole we also know that certain diseases such as the pneumonias, whooping cough, undulant fever, and heart disease are slightly more common in rural areas. The chances of contracting many of the animal diseases transmissible to man are obviously greater on the farm than they are in the city, because of generally more intimate contact with the animal host, especially in the case of diseases of livestock. We might cite as examples brucellosis and Q fever.

Even in the field of industrial and home accidents the farm rates high in hazards. Farming and lumbering are very hazardous occupations. Even deaths from drowning are significantly higher in rural than in urban areas. The greatly increased use of highly toxic pesticides and economic poisons in agriculture is presenting an increasing health hazard.

DEPARTMENT MOVES TO BERKELEY

On March 28th the State Department of Public Health began functioning from its new headquarters at 2151 Berkeley Way, Berkeley, following a "weekend" move from eight different locations—two in San Francisco and six in Berkeley. For the first time in the department's 85 years of existence, all headquarters staff are now housed under one roof with the exception of Vital Records, which remains in Sacramento, and Civil Defense and special projects financed by foundation grants, which are in other buildings in Berkeley.

The new building will be dedicated Thursday afternoon, April 28th. Open house and guided tours will be held from 3.30 to 9 p.m., to which the public is invited.

The modern eight-story office and laboratory building is located immediately across the street from the new building of the School of Public Health, University of California. Library, auditorium and other facilities will be shared by the department and the school. Plans are being made by a committee of University faculty and department staff for an exchange of services to enrich the programs of both organizations.

Original plans for the new headquarters were drawn in 1945, with final plans completed in 1951, when actual construction began. Acquisition of property, a scarcity of building materials because of defense construction, and other elements of delay have figured in the time it has taken to complete the $5,000,000 structure.

Studies being carried on at the present by the State Department of Public Health with the assistance of the U. S. Public Health Service indicate that certain diarrheal diseases, which are a definite problem in some of the rural areas of the State, especially among infants and young children, are directly related to sanitary conditions in the area, particularly the availability of water.

Another fact of interest in considering the health conditions in rural areas is the comparison of the death rate in rural and urban areas in the last 50 years. Fifty years ago the rural death rate was 50 percent lower than the death rate in cities of the United States. Today the rate is about the same. Is this because the cities have become healthier places in which to live than the country or has the country remained unchanged?

SPECIFIC PUBLIC HEALTH PROGRAMS

Environmental Sanitation

It is in the field of environmental sanitation that rural living poses special and characteristic problems. It is here that density of population becomes an important factor. A farmer may live in a modern home with modern conveniences, electric stoves, electric refrigerators and deep freezers, central heating and modern plumbing, but if he lives a quarter of a mile or even a mile from his next door neighbor, the problem of his water supply and his sewage and waste disposal is an individual one, but one which he may not be able to solve for himself. It will probably be a long time before he can connect his modern plumbing to a community sewer or obtain his running water from a public water supply, the purity of which is protected by modern methods. He may have a big storage tank and an automatic electric pump but the quality of the water that he pumps into the tank from his well is his own problem, and if the water becomes contaminated with the contents of his own septic tank or cesspool only he and his immediate family will suffer the consequences. If he disposes of home and farm garbage and wastes improperly, the rats and flies and the diseases that they may carry are going to be primarily his personal problem. Primarily, because these vectors of disease do travel and a neighborhood or community problem may be produced, and because none of us can hope to be experts in everything, the rural dweller needs even more than his city cousin the technical help of organized community health services to help him solve these problems.

Where people in rural areas live close enough together and in sufficient numbers to justify community facilities for supplying pure water and for community sewage and garbage disposal, the community itself has the responsibility for studying the problem and for promoting and supporting the development of such public facilities. The problem, however, is not simple. In California we are constantly growing faster than we are providing these public sanitary facilities.

In times past, people in rural communities did not patronize public eating establishments to the extent they do today. Today good roads and the universal automobile have extended the sphere of activity of the people in rural areas and have brought to the rural community many nonresidents traveling through or visiting the recreational areas. This has brought an increase in public eating establishments, with an attendant need for inspection and supervision to protect their patrons. A restaurant along the highway or in a small town presents the same problems in food handling that are found in the most ornate city cafe, perhaps more acutely because of the inadequate equipment and untrained personnel. Food poisoning is an ever-present hazard in the roadside stand, as it is in the city restaurant, and the unfortunate victim is just as sick regardless of the source. There have been numerous examples of outbreaks of gastrointestinal disturbances in our year-round recreation areas.

Over 98 percent of all market milk sold in California through retail outlets is pasteurized and comes from tuberculin-tested herds. However, the bulk of unpasteurized milk is largely sold in rural areas. There is also an undetermined amount of milk sold by individual farmers or consumed on the farm by the family and employees which is not pasteurized and often comes from untested cows. This is probably the largest milk-borne source of disease in humans.

Housing

In many rural localities, private housing is antiquated and inadequate, a prolific source of serious home accidents as well as disease. There are rural slums as well as city slums. This is especially true in the areas which use migrant and semimigrant farm labor and in the so-called fringe areas around the agricultural communities of the State. Here in unincorporated county territory adjacent to these communities have developed squalid shanty towns, unregulated and uncontrolled by local ordinances or state statutes. Their water supplies and sewage disposal facilities are of the most primitive type. The rigidity of our law does not permit step-wise economic adjustment to the sanitary level of the adjacent community. The environment is such as to constitute a health menace not only to their inhabitants but to the citizens of the adjacent communities. In addition to these semipermanent rural slums, the temporary labor camps which house a considerable number of migratory agricultural workers and their families for varying periods of time during the year continue to pose special housing problems in rural California. The characterstics of this problem have been extensively described and various solutions propounded.

Communicable Disease Control

While our knowledge of the incidence of communicable disease in those areas of rural California not served by organized local public health departments is sketchy, it is logical to assume that the problem here is comparable to that in other areas of the State and that the incidence is probably higher than available statistics would indicate. It is suspected that this is especially true of tuberculosis, venereal disease and the common gastric diseases. Outbreaks of infectious hepatitis from common sources undoubtedly occur more frequently than reported individual cases would indicate. The incidence of diphtheria, scarlet fever and other communicable diseases may be higher than reported cases indicate.

The level of immunization against diphtheria, smallpox, and whooping cough of the child population of these areas is less easily determined than

in metropolitan areas, and the ability to mobilize both under local and community resources for diagnosis and treatment is more limited in many communities.

Maternal and Child Health

Health department records indicate that the health hazards for infants and mothers are greater in rural than in metropolitan areas. The infant death rate is approximately 20 percent greater in rural areas. Infant deaths from diarrheal diseases are more than 1½ times as great as in the city. These facts may reflect inadequacies of sanitation and housing, and it is possible they are also related to the unavailability of medical care and hospital facilities.

SURVEYS OF RURAL HEALTH NEEDS

In an effort to secure more definite information about the health problems and needs in rural areas, the State Department of Public Health has, during the past year, conducted studies in three rural counties, Trinity, Glenn and Tuolumne. These studies have indicated that the problems and needs vary among the counties. While environmental sanitation is of first importance in each, the relative priority of the various environmental factors differs from area to area. Such an approach is beginning to define more precisely the actual needs of these rural areas.

COMMUNITY HEALTH RESOURCES

At the very beginning of our consideration of community health resources, we should recognize that health problems and needs in any area, urban or rural, fall into different categories and demand two different approaches in their solution.

Problems of the Individual

The first category is that of problems which can be solved by the individual himself with the help and assistance of technically informed professional people in the community. This help and assistance is actually health education and may come from the family physician, private engineering or other consultants, the health officer or other health department personnel such as the public health nurse, or sanitarian, the home adviser, the agricultural extension service, organized study groups in the Farm Bureau, the Grange, the PTA, the 4-H Clubs, and many other sources. The problems in this category relate to the health of the individual himself and his family—the problem of adequate nutrition, of adequate medical and dental care and how to get and use medical and dental services of immunization against communicable disease, of proper personal hygiene and good health habits and practices, of proper sanitation of one's immediate environment in the home and on the farm. These are problems which the individual can, and must, solve for himself. The motivation for him to do so must often come from communty health education resources enumerated above, but the final action is the individual's own.

Problems of the Community

The second category is that of community health problems which the individual cannot solve by himself but which demand organized community effort for their solution. The development of community resources can only be accomplished by group action. No one individual can, by himself, build a hospital, a water purification plant or a sewage disposal system or recruit medical practitioners to serve his area. He cannot control an epidemic in his community, inspect all the restaurants, grocery and meat markets, septic tanks, wells, etc., or do many of the other things a community requires to protect its health. All of these things necessary for health protection can best be accomplished through the cooperative efforts of groups of people within the community, and frequently requiring the exercise of the authority of various official agencies.

NEED FOR CAREFUL STUDY

Only a careful study of each community can determine what its community resources really are, the adequacy of its medical care and public health services, the scope and efficiency of its public agencies, the amount and nature of the activities of its voluntary agencies, the programs of its various professional and occupational groups, its Parent-Teachers Association and service clubs — all of the activities which bring people to work together in groups for the good of the community. Such a study would probably surprise the members of any community as to number and scope of such resources (as it would probably yield some surprises concerning the number and scope of health problems).

The one thing which is most frequently lacking, and which prevents the full and effective mobilizaton of these resources, is any method for coordinating their activities. This is perhaps the role which is best met by some form of community health council through which the health department, the medical profession, the voluntary agencies, the various community groups, the schools, churches, local governing bodies, all of those in the community interested in health, can bring to bear on the health problems of the community the combined resources and the organized thinking, study and evaluation necessary for their solution.

In *organized, planned group* effort, any community can identify its own health problems and find by itself the solution to these problems. The state and federal governmental agencies can assist by consultation and advice, by financial assistance to local health and welfare departments and in the construction of adequate hospital and health department facilities, by subsidies to counties for the care of tuberculosis patients, to mosquito abatement districts; but the ultimate responsibility for the solution of its needs rests with the community itself.

Directory of Laboratory Technologists And Technicians Compiled

The first directory of licensed technologists and technicians became available for distribution in February. This directory was compiled and printed through authority contained in Section 1227 of the revised laws relating to clinical laboratories (California Business and Professions Code).

The directory contains the names and addresses, with license numbers, of 338 clinical laboratory technologists, 4,369 clinical laboratory technicians, as well as several hundred others who have certificates of proficiency and limited licenses. It is anticipated that this directory will be brought up-to-date and reissued every other year.

Air Pollution Study Continues With Emphasis on Environmental, Medical Aspects

With the completion of an initial report on the status of air pollution in California, the Air Pollution Control Study Project of the State Department of Public Health has defined its activities for the remainder of the fiscal year. Emphasis is to be continued on the environmental and medical aspects of air pollution.

Dr. Malcolm H. Merrill, State Director of Public Health, has designated Frank M. Stead, Chief, Division of Environmental Sanitation, to serve as coordinator of the study for the rest of the fiscal year. Lester Breslow, M.D., who directed the project during its initial phase, has returned to his duties as Chief of the Bureau of Chronic Diseases, but will continue with responsibilities for the medical aspects of the study.

Copies of the project's initial report to Governor Goodwin J. Knight are available from the department. The report emphasizes the need for further investigation of all aspects of air pollution, in addition to proceeding with control measures now at hand.

Activities in the environmental field during the remainder of the fiscal year will be confined to the following six projects, although special requests for assistance will be given attention.

1. An intensive critique of the present methods of measurement of air pollution.
2. Development of improved analytical methods and instrumentation, particularly in the field of recording instruments.
3. Completion of the analysis of the data from the Los Angeles aerometric survey covering the months August through November, 1954.
4. Amplification and improvement of the current network monitoring program in the San Francisco Bay area.
5. Continued operation of the four oxidant recorders on loan from Los Angeles County to achieve the maximum amount of usable information in various parts of the State.
6. Continued and possibly expanded participation in the United States Public Health Service nation-wide program of high volume sampling and analysis of particulate material in urban areas.

Activities in the medical aspects of the study will include:

1. Complete the analysis of the mortality and morbidity data for the period August through November, 1954.
2. Further study of data received from nursing homes in Los Angeles.
3. Further study of data produced by the morbidity survey for new studies of long-term mortality records.
4. Further study of data on school and industrial absences.

New Training Program for Public Health Bacteriologists

On July 1, 1954, a new training program for public health bacteriologists was inaugurated within the Division of Laboratories. Trainees in this new program are designated as student professional assistants, a state civil service classification also used by other department units.

Nine such positions were provided for the training of public health bacteriologists, with each course of training to be for six months. This will provide training for 18 new public health bacteriologists each year.

The first four of these student professional assistants finished their courses of training in January, and a fifth will complete his course during February. The first four have also successfully passed their oral and written examinations leading to certification as public health bacteriologists. They then became available to assist in filling the many vacancies in our public health laboratories. More than 10 vacancies exist at the present time. Experience has been that there are always more vacancies in public health laboratories than there are qualified people to fill them.

At the present time there are eight student professional assistants receiving training. It is expected that applications for training will exceed training positions when students now completing their academic work graduate.

U. S. Mexico Border Public Health Association Meets in Mexico City May 6-9

Mexico City is the setting for the Thirteenth Annual Meeting of the United States-Mexico Border Public Health Association scheduled for May 6th-9th, immediately prior to the World Health Assembly which is to begin there on May 10th.

Many Californians in public health and related work are members of this association and participate in the annual meetings which alternate between the United States and Mexico. Through the bilateral approach, the Border Public Health Association has contributed immeasurably to the solution not only of problems associated with the common frontier, but also of broader international significance.

The office of president alternates between the United States and Mexico. Arturo Rico Gonzalez, M.D., Chief of Health and Welfare Services, Chihuahua, Mexico, is the 1954-55 president and George W. Marx, Director and Chief Engineer, Bureau of Sanitation, Arizona State Department of Public Health, Phoenix, Arizona, is the president-elect.

Californians currently serving as elective officers include Donald G. Davy, Assistant Chief, Division of Local Health Services, who is the vice president of the association and co-chairman of the Section on Preventive Medicine; and Miss Norma F. Whiteside, Public Health Nursing Consultant, State Department of Public Health, Los Angeles, who is co-chairman of the Nursing Section.

Headquarters for the coming session will be the Hotel del Bosque, Melchoir Ocampo Num. 323, Mexico, D. F. Requests for reservations should be addressed either to the hotel or to the Geneve Travel Service, Hotel Geneve, Londres Num. 130, Mexico, D. F., with mention of the association.

Public Health Positions

Veterans Administration

Public Health Nurse: **Applicants must hold a degree in Public Health Nursing, have two years' experience in a generalized family health program and have not reached their fortieth birthday.**

For further information on the above position contact Mrs. Myrtle Miller, Chief, Nursing Unit, Veterans Administration Regional Office, 49 Fourth Street, San Francisco 3, California.

Encephalitis Clinical Follow-up Study Compiles Data on Disease After Effects

A five-year study of the neurological after-effects shown by patients who had encephalitis in the summer of 1952 has now been in progress approximately two years. Much interesting medical data has already been collected and the original study project has been augmented to include all Western Equine and St. Louis encephalitis cases which have occurred in California since 1945. While it is premature to draw conclusions on data so far obtained, the findings to date and the addition of continuing observations through the years are expected to add considerably to the knowledge of the after-effects of the Western Equine and St. Louis types of encephalitis.

An opportunity for follow-up study of cases which occurred in the 1952 outbreak of encephalitis in the central valley prompted the project. The study was initiated and carried on for about eight months by the department's Bureau of Acute Communicable Diseases, but since September, 1953, it has been conducted under a grant by the National Institutes of Health to the Stanford University Medical School.

Members of the neuro-psychiatric faculty at Stanford are serving as clinicians and consultants, with Knox Finley, M.D., of Stanford as chief investigator. Employed staff includes an administrator and a secretary. The State Department of Public Health provides office space and equipment, use of its records, and consultation of its professional staff. Local health departments have given valuable assistance in setting up and conducting clinics.

Probably the most significant change since the study began has been the augmentation of the study group by cases which occurred in other years. With the inclusion of these other cases, the potential study group has been approximately doubled—from 512 cases for 1952 to 1,037 cases for all years 1945 through 1954.

It is estimated that 25 to 35 percent of the patients are not now and probably will never be available for examination. Fifty cases are known to have died, 165 have moved and their present whereabouts is unknown. Eighty-nine live outside the areas in which clinics are held and will be examined only if additional clinic areas are set up or some other method of obtaining medical findings is used. Only 19 patients have definitely refused to participate.

So far clinics have been held in 13 counties, but the patients are scattered over approximately 18 counties. Fifty-one clinic sessions have been held, with 505 patients making a total of 1,210 visits. Sixty-six percent of the 1952 cases — the initial study group—have been examined.

One hundred fifty-three selected patients have had electroencephalographs since the study began. These have been done by the EEG laboratory at Stockton State Hospital and by three private laboratories.

In most of the counties, clinics were held three times the first year and two times in 1954. By the middle of 1953, the 1950 cases had been included. Since then, new cases have been added as they have occurred and recently it was decided that all cases recorded as Western Equine or St. Louis encephalitis since 1945 should be observed. The inclusion of these cases not only increases and thereby lends validity to the observations of the total group, but it increases the range of intervals between the ocurrence of the illness and the date of examination. It also more nearly equalizes the numbers of Western Equine and St. Louis encephalitis patients. (In 1952 there was about one St. Louis case to eight Western Equine. The 1954 ratio was one Western Equine to five St. Louis. For all cases, 1945-1954, the ratio was one St. Louis to approximately two Western Equine.)

Clinics have been held as follows:

County	*Number of clinics held*
Butte	1
Contra Costa	4
Fresno	5
Kern	5
Kings	5
Madera	1
Merced	4
Sacramento	4
San Joaquin	5
Stanislaus	5
Sutter-Yuba	4
Tulare	5
Yolo	3
Total	51

This study is unusual in its organization and operation in that it is a cooperative project of health departments and a medical school. It demonstrates the valuable contribution which can be made by local health departments to medical research.

Department's Interest in San Diego Bay Water Quality Reviewed

The State Department of Public Health's interest in the quality of San Diego Bay waters was reviewed at an informal hearing of the San Diego Regional Water Pollution Control Board in San Diego February 16, 1955, by Dr. Malcolm H. Merrill, State Director of Public Health, and staff representatives. The department's opinion was requested on standards of water quality to be adopted covering certain bay water uses in three categories: (1) involving swimming in bay waters; (2) involving other direct personal contact of bay waters; and (3) involving exposure of food products to bay waters, particularly the thawing and fluming of fish at canneries.

The State Board of Health considered this general subject at its meeting in Los Angeles on January 7, 1955, in connection with recreational use of surf waters of Santa Monica Bay. It concluded that wherever surf waters were beneficially used by the public, the waters should meet the Salt Water Bathing Standards. This was recommended to the Regional Water Pollution Control Board for the San Diego Bay waters in the above categories (1) and (2). With respect to use of bay water in fish canneries, category (3), the department already has standards for quality and these standards were recommended for requirements of the water pollution control agency.

Health Officer Changes

Santa Cruz County

Harvey E. Robins, M.D., has been temporarily appointed health officer to succeed Raymond C. Leer, M.D.

Shasta County

Rachel Sandrock, M.D., has been appointed health officer to succeed Vonnie Dunston, M.D.

Tulare County

Elmo Alexander, M.D., has been appointed health officer to succeed Elmo R. Zumwalt, M.D.

California Chapter, NAS, Sponsors Sanitation Symposium

The California Chapter of the National Association of Sanitarians, with the University of California School of Public Health as cosponsor, is holding its annual state-wide symposium on environmental sanitation on April 28-29. Environmental aspects of California's rapid growth will be the general theme of the sessions which will be held on the Berkeley campus of the University of California. The program brings together authorities in the field, both from industry and from state, county and city public health agencies. A business meeting is also scheduled for the evening of April 28.

Topics for discussion include:

A Description of the General Problems Encountered Because of the Rapid Growth in California.

Specific Environmental Sanitation Problems Encountered and Immediate Controls to Cope With Present Adverse Conditions.

Prevention of Future Problems by Good Planning.

Practicing Medicine Without a License Brings Court Action Against Couple

An Oakland couple which for 13 years had allegedly been selling misbranded devices and practicing medicine without a license have been placed on three years' probation after pleading guilty to violations of the Business and Professions Code and the Health and Safety Code. Evidence indicated they had sold "magnecoil" blankets along with vitamins and medicines which they claimed would have a beneficial effect on or cure such diseases as cancer, tumors, heart disease and stomach ulcers, whereas, in fact, the device was a simple electric blanket capable of producing no effect of any value in the treatment of such serious diseases.

The couple, Mr. and Mrs. Harry F. Bell, were heard in Alameda Municipal Court. The light sentence imposed took into consideration their advanced age. Practicing medicine without a license is a violation of Section 2141 of the Business and Professions Code and selling a misbranded device is a violation of the Pure Drugs Act, Section 26280 of the Health and Safety Code.

Special Census Releases

Special Censuses of California Cities, Series P-28. *Fresno County:* Reedley (741); *Imperial County:* Calipatria (756); *Kings County:* Lemoore (753); *Los Angeles County:* Azusa (735), Pomona (739); *Marin County:* Fairfax (734), Ross (736); *Orange County:* Brea (744), Santa Ana (740); *Riverside County:* Beaumont (745); *Sacramento County:* Galt (737); *San Diego County:* Carlsbad (732); *San Joaquin County:* Stockton (758); *Sonoma County:* Sebastopol (742); *Stanislaus County:* Oakdale (748); *Tulare County:* Porterville (749).

Copies of these releases may be obtained from: Library, Bureau of Foreign and Domestic Commerce, U. S. Department of Commerce at 419 Customs Building, 555 Battery Street, San Francisco, California, or at Room 450, 31 South Broadway, Los Angeles, California.

In ordering, specify series and number as shown in parenthesis. These numbers are *not* population figures.

Influenza "Listening Posts" Discontinued for Season

The intensive collection of data from the influenza listening posts by the Bureau of Acute Communicable Diseases has been discontinued for this year due to the continued low incidence of influenza late in the season. These "listening posts" are part of the State Department of Public Health's influenza surveillance program and are manned throughout California to report the incidence and movement of influenza.

For the period October 1, 1954, to March 20, 1955, only 52 cases of influenza (type not stated) were reported in California and laboratory confirmations were completed on 10.

Local health departments play a key role in the program by collecting data from schools, hospitals, physicians, industry and other sources. The collected data are also used by the national intelligence program and the World Health Organization reporting system.

Although the "listening posts" are to be discontinued for this season, the department is still interested in obtaining information about any outbreak of acute respiratory illness from all sources.

Final Report of Monterey Survey Completed by Department

A survey of programs being conducted by the Monterey County Health Department has been concluded by the State Department of Public Health and a final report prepared for the Monterey County Board of Supervisors. The survey of health problems, resources and services was made by the department at the request of the Monterey County Board of Supervisors and the Health Officer.

The survey was conducted by a team of consultants from the department during the fall months. After the fact-finding period by this team, the findings were reviewed jointly by the team and the administrative staff of the Monterey County Health Department.

The Monterey study is one of several surveys which have been conducted by the State Department of Public Health during the past year as the result of requests from boards of supervisors. Three of the surveys were in rural counties which have no organized health services—Glenn, Trinity and Tuolumne. A survey is currently under way in Butte County.

Third National Air Pollution Symposium Scheduled for Pasadena April 18-20

The Third National Air Pollution Symposium will be sponsored by the Stanford Research Institute at the Huntington-Sheraton Hotel, Pasadena, April 18-20. Based on the theme "Protecting Our Air Resource," the symposium will be held in cooperation with the California Institute of Technology, the University of California and Southern California, the Air Pollution Control Association, and the Air Pollution Foundation. Further information regarding the symposium may be obtained by writing to the Third National Air Pollution Symposium, 727 West Seventh Street, Los Angeles 17.

Public Health Training Positions Created by Department

Three training positions for physicians as residents in public health have been created in the State Department of Public Health. This new civil service class is designed to provide basic training in public health medical and administrative work to qualified physicians.

Employees in the class of resident in public health will receive planned and organized professional training and experience in the various phases of a well-balanced public health program for a one-year period. Malcolm H. Merrill, M.D., State Director of Public Health, has been designated as the director of residency training for California. The training will be under the direct supervision of a qualified public health physician in the State Department of Public Health or in a local health department.

The State Department of Public Health has been approved as the training agency by the Board of Preventive Medicine and the American Medical Association Council on Medical Education and Hospitals. Residents may also be placed in selected local departments without any further formal approval by the council. It is planned that a minimum of six months of the resident's training year will be spent in a county health department.

Among the minimum qualifications for the resident in public health position are: possession of the legal requirements for the practice of medicine in California, graduation within the last 10 years from an approved medical school, and completion of an internship in an approved hospital.

Back Issues of 'Nursing Outlook' Wanted

The Nursing Section of the San Mateo County Department of Public Health and Welfare is anxious to obtain the following issues of *Nursing Outlook:* June and August through December of 1953: January through October of 1954. They may be sent to the Public Health Nursing Section, Health Division, San Mateo Department of Public Health and Welfare, 225 37th Avenue, San Mateo.

Los Angeles Meat Packer Fined For Upgrading of Imitation Bologna

A fine of $500 and six months' probation have been imposed on the Cherry Meat Packing Company, Los Angeles, by a Los Angeles Municipal Court on conviction of a charge of upgrading imitation bologna by removing the word "imitation" from the bologna casing. Improperly labeled imitation bologna which had been distributed to several Southern California markets was officially sampled by the department's Bureau of Food and Drug Inspections and by the State Department of Agriculture and the remainder placed under quarantine.

Sale of imitation bologna, which, in addition to meat, may contain other specified ingredients such as cereal, is permissible, but must be so labeled.

W. K. Kellogg Foundation Officials Observe Kellogg Projects of Department

Matthew R. Kinde, M.D., Director of the Division of Medicine and Public Health, W. K. Kellogg Foundation, and Herbert H. Hasson, Assistant Director, visited the State Department of Public Health February 24-28 to observe first-hand the research and program development of projects in California financed by the foundation. In the State Department of Public Health these projects include the Prevention of Blindness Study, initiated this year, and the Home Safety Project, now in its second year. Both of these projects are designed to explore the total problem and also the department's role in these fields.

World Health Day

World Health Day, observed on April 7th, will have the theme "Clean Water Means Better Health." The theme was selected because of the fundamental part that clean water plays in the achievement and preservation of health.

World Health Day is timed to coincide with the anniversary of the Constitution of the World Health Organization, which was adopted April 7, 1948.

Juvenile Delinquency Service Created by Children's Bureau

A new Division of Juvenile Delinquency Service has been inaugurated in the Department of Health, Education, and Welfare. The division will be under the Children's Bureau in the Social Security Administration. Philip Gordon Green, former Chief Probation Officer of San Francisco's Juvenile Court, has been appointed director. In assuming his duties, Mr. Green will have the help of William H. Sheridan as Chief of the Technical Aid Branch and Mrs. Elliot Turner Studt as Chief of the Training Branch. Mrs. Studt has, most recently, been Assistant Professor in the School of Social Welfare, University of California, Berkeley.

State Board of Public Health Re-elects Dr. Smith President

Charles E. Smith, M.D., Dean of the University of California School of Public Health, Berkeley, was re-elected President of the State Board of Public Health at the board's March meeting in Los Angeles. James F. Rinehart, M.D., Professor of Pathology, University of California Medical School, was re-elected vice president of the board.

Drs. Smith and Rinehart yearly have been elected to those offices since 1944. Dr. Smith has served on the board since 1940 and Dr. Rinehart since 1942.

Health Information Foundation Plans Nation-wide Survey

Health Information Foundation, has announced it will sponsor the first nation-wide survey ever made to find out how people feel about health facilities, health personnel and voluntary health insurance. The study is expected to reveal people's attitudes and practices regarding all medical services, including dental care, drugs and medications.

Purpose of the study, according to George Bugbee, Foundation president, "will be to compile data useful to all groups which encourage through education the wisest use of health services and the broadest distribution of medical care." It will be

financed through a $100,000 grant by the Foundation, a nonprofit, fact-finding organization sponsored by 200 leaders in the drug, pharmaceutical, chemical and allied industries.

Research will be conducted by the National Opinion Research Center at the University of Chicago, the independent agency which conducted the foundation's "National Family Survey of Medical Costs and Voluntary Health Insurance" last year.

According to the foundation, the "Family Survey" showed that an individual's ability to pay for care is only one factor in the degree to which he uses health services. Other factors include his personal interest in care, his knowledge of the value of medical care, his attitudes toward the cost of medical services, the amount of health insurance protection he carries, and the availability of those services in his community. These areas are to be explored in the new study. Results are expected to be ready for publication in 18 months.

Fluoridation at the Polls

On February 9th Gregory Gardens became the first water district to put fluoridation into operation in Contra Costa County. In the same county, Martinez voters approved an ordinance by 1,118 to 784 prohibiting fluoridation, thus ending the program that had been in operation since May, 1954, in that city.

REVIEW OF REPORTED COMMUNICABLE DISEASES MORBIDITY BY MONTH OF REPORT—FEBRUARY, 1955

Diseases With Incidence Exceeding the Five-year Median

Diseases	*Feb. 1955*	*Feb. 1954*	*Feb. 1953*	*Five-year median*
Chickenpox	6,273	6,483	3,207	4,881
Coccidioidomycosis (disseminated)	6	5	7	5
Food poisoning	47	116	17	14
German measles	977	710	899	710
Hepatitis, infectious	194	185	66	37
Malaria	2	4	2	1
Measles	4,452	4,521	2,738	2,738
Pertussis	486	212	232	232
Rabies, animal	13	4	9	4
Salmonella infections	45	29	24	17
Shigella infections	84	43	26	35
Streptococcal infections, Resp. incl. Scarlet Fever	1,055	972	745	952
Tetanus	3	---	---	2
Typhoid Fever	11	6	8	6

Diseases Below the Five-year Median

Diseases	*Feb. 1955*	*Feb. 1954*	*Feb. 1953*	*Five-year median*
Amebiasis	40	50	46	46
Diphtheria	2	2	6	17
Encephalitis (type undetermined)	7	5	8	8
Influenza	13	59	2,285	580
Meningitis meningococcic	30	25	41	41
Poliomyelitis (total)	55	105	144	78
Poliomyelitis, paralytic	29	67	96	61

Venereal Diseases

Diseases	*Feb. 1955*	*Feb. 1954*	*Feb. 1953*	*Five-year median*
Syphilis	411	548	490	608
Gonococcal infections	1,170	1,183	1,306	1,204
Chancroid	19	7	27	[1]
Granuloma inguinale	---	7	---	[1]
Lymphogranuloma venereum	4	5	3	[1]

[1] Median not calculated.

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